

THE COMMONWEALTH OF MASSACHUSETTS  
**City of Newton**  
**Fiscal Year 2010**

Assessor Use Only  
MGL Ch 59 § 5 Clause 41C  
Date Received:

**SENIOR 65 AND OLDER**  
**APPLICATION FOR STATUTORY EXEMPTION**

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN TO  
PUBLIC INSPECTION

(See General Laws Chapter 59, Section 60.)

Must be filed with the Board of Assessors on or  
before December 15, or **3 months**  
after the actual (not preliminary) tax bills  
are mailed for the fiscal year if later.

A. IDENTIFICATION. Complete section fully. Please print or type.

Name of Applicant \_\_\_\_\_

Marital Status \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(optional) (If first year of application, attach copy of birth certificate)

Legal Residence (Domicile) on July 1, 2009? \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_ Tel No. \_\_\_\_\_

Parcel ID \_\_\_\_\_ No. of Dwelling Units: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Other \_\_\_\_\_

Did you own the property July 1, 2009? \_\_\_\_\_

If yes, were you \_\_\_\_\_ Sole Owner \_\_\_\_\_ Co-Owner with spouse only \_\_\_\_\_ Co-Owner with others

Was the property subject to a Trust as of July 1, 2009? \_\_\_\_\_ (If yes, attach Trust Instrument)

Have you been granted an exemption in any other city or town this year? \_\_\_\_\_

If yes, name of City or Town \_\_\_\_\_ Amount Exempted \$ \_\_\_\_\_

Have you owned and occupied the property for at least 10 years? \_\_\_\_\_

If no, please list the other properties you owned and/or occupied during the past 10 years?

Address	From	To	Owned	Occupied
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)**

_____ Ownership	_____ GRANTED	Assessed Tax	_____
_____ Occupancy	_____ DENIED	Exempted Tax	_____
_____ Status	_____ DEEMED DENIED	Adjusted Tax	_____
_____ Income	Date Granted/Denied _____		_____
_____ Assets	Certificate No. _____		_____
	Date Cert/Notice Sent _____		_____
Board of Assessors			

**FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES**  
**THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE**

**B. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR:**

Copies of your income tax returns may be requested to verify your income.

	<b>Applicant &amp; Spouse</b>	<b>Co-Owner &amp; Applicant</b>
Retirement Benefits (Social Security, Railroad, Federal, Mass., and Political Subdivisions)		
Other pensions and Retirement Allowances		
Wages, Salaries and other Compensation		
Net Profits from a Business or Profession		
Interest and Dividends		
Other Receipts (Rent, Capital Gains, etc.)		
<b>Totals</b>		

**C. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR.**

Documentation may be requested to verify your assets.

**Real Estate**

	<b>Assessed Valuation</b>	<b>Mortgage Balance</b>	<b>Value</b>
Domicile			
Other			

**Motor Vehicles  
and Trailer**

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Value</b>

**Bank Accounts**

<b>Institution Name &amp; Address</b>	<b>Account No</b>	<b>Amount</b>

**Stocks, Bonds,  
Securities, Etc.**

<b>Description</b>	<b>Amount</b>

**Other Non-Exempt  
Personal Property**

<b>Kind</b>	<b>Description</b>	<b>Value</b>

**Total** \_\_\_\_\_**D. SIGNATURE**

This application has been prepared or examined by me. I declare, under the pains and penalties of perjury, that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If signed by an agent, attach a copy of written authorization to sign on behalf of taxpayer.

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